

Best Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889609

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		3		3			53						
5		0		0			54						
6		0		0			55						
7		0		0			56						
8		0		0			57						
9		0		0			58						
10		0		0			59						
11	/						60						
12		1					61						
13		2					62						
14		1					63						
15		1					64						
16		2					65						
17		0					66						
18		0					67						
19				0			68						
20				0			69						
21				1			70						
22				1			71						
23				1			72						
24			1				73						
25				1			74						
26				1			75						
27				1			76						
28				1			77						
29				1			78						
30				1			79						
31				1			80						
32							81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	2		2				100						
TOTAL DEP.	20		19				TOTAL IND.						
TOTAL CLAIMS	22		21				TOTAL DEP.						
							TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS